

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* Trans Union LLC
 was received by me on *(date)* 1-18-18.

☐ I personally served the summons on the individual at *(place)* _____
 on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* CT Corporation System, who is
 designated by law to accept service of process on behalf of *(name of organization)* Trans Union LLC
 on *(date)* 1-22-18; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.



Date: March 5, 2018

Caitlin S. Hinkle
Server's signature

Caitlin S. Hinkle
Printed name and title

19 Mossy Creek Trl Murphy, NC
Server's address 28906

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	<div>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</div> <div>B. Received by (Printed Name) <div>C. Date of Delivery 6/22/18</div></div> <div>D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</div>
<div>1. Article Addressed to: CT Corporation System 160 Mine Lake Court Ste. 200 Raleigh, North Carolina 27615-6417</div> <div> 9590 9402 1771 6074 1507 22</div>	<div>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</div> <div>Mail Restricted Delivery (00)</div>
<div>2. Article Number (Transfer from service label) 7016 2070 0000 4133 7533</div>	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt